

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☒

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 2017

FOR OFFICE USE ONLY

Cjm

Amendment

Amended to include Sof F

RECEIVED JUL 16 2013

HAND DELIVERED

II Client Information

Name: New York Health Plan Association

Permanent Business Address: 90 State Street, Suite 825

City: Albany

State: NY

ZIP code: 12207

Business Phone: 518-462-2293

Fax Number: 518-462-2150

Third Party Beneficiary (see instructions): NONE

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Paul F. Macielak

Phone Number: 518-462-2293

Address: c/o NYHPA 90 State Street, Suite 825

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$27,578 .00

B Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Andrew Fogarty

Phone Number: 518-462-2293

Address: c/o NYHPA 90 State Street, Suite 825

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$19,134 .00

C Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Rose Duhan

Phone Number: 518-462-2293

Address: c/o NYHPA 90 State Street, Suite 825

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$11,935 .00

☒ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$156,745 .00

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Leslie Moran

Phone Number: 518-462-2293

Address: c/o NYHPA 90 State Street, Suite 825

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$2,394 .00

Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Arlene Halpert

Phone Number: 518-462-2293

Address: c/o NYHPA 90 State Street, Suite 825

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$704 .00

Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Greenberg Traurig

Phone Number: 518-689-1400

Address: 54 State Street

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$95,000 .00

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO: Zap Courier DATE: 3 / 31 / 2013 ☐ Ad ☐ Social Event

PURPOSE: memo Delivery AMOUNT: \$300 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: Zap Courier DATE: 4 / 30 / 2013 ☐ Ad ☐ Social Event

PURPOSE: memo Delivery AMOUNT: \$540 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: Zap Courier DATE: 6 / 30 / 2013 ☐ Ad ☐ Social Event

PURPOSE: Memo Delivery AMOUNT: \$1,330 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

IV Other Expenses (Current Semi-Annual Period Only)

A	Report in the aggregate all expenses less than or equal to \$75:	\$ 7,356	.00
B	Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 684	.00
C Itemize each expense exceeding \$75:			
PAID TO:	Zap Courier	DATE: 1 / 31 / 2013	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	Memo Delivery	AMOUNT: \$ 90	.00 <input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT			
PAID TO:	Zap Courier	DATE: 2 / 28 / 2013	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	Memo Delivery	AMOUNT: \$ 150	.00 <input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT			
<input checked="" type="radio"/> Continued on attached pages			
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.			
D	Total expenses for current period:	\$10,450	.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Aetna
or
Single Source Person's Last Name: First Name:
Address: 100 Park Avenue, 12th Floor
City: New York State: NY ZIP code: 10017
Phone: 212-47-0457

Date Contribution Received:	3 / 28 / 2013	Amount of Contribution:	\$ 32549	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: Capital District Physicians' Health Plan
or
Single Source Person's Last Name: First Name:
Address: 500 Patroon Creek Blvd
City: Albany State: NY ZIP code: 12206
Phone: 518-641-5550

Date Contribution Received:	3 / 1 / 2013	Amount of Contribution:	\$ 23,341	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Elderplan, Inc.

or

Single Source Person's Last Name:

First Name:

Address: 6323 7th Avenue

City: Brooklyn

State: NY

ZIP code: 11220

Phone: 718-921-8066

Date Contribution Received:	3	/	1	/	2013	Amount of Contribution:	\$11,893	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 4

Single Source Entity's Name: Emblem Health

or

Single Source Person's Last Name:

First Name:

Address: 55 Water Street

City: New York City

State: NY

ZIP code: 10041

Phone: 646-447-6001

Date Contribution Received:	3	/	14	/	2013	Amount of Contribution:	\$ 47,985	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 5

Single Source Entity's Name: HealthNow

or

Single Source Person's Last Name:

First Name:

Address: 257 West Genesee Street

City: Buffalo

State: NY

ZIP code: 14202

Phone: 716-877-8691

Date Contribution Received:	4	/	30	/	2013	Amount of Contribution:	\$27,912	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: INDEPENDENT HEALTH

or
Single Source Person's Last Name:

First Name:

Address: 571 FARBER LAKES DRIVE

City: BUFFALO

State: NY

ZIP code: 14221

Phone: 716-635-3714

Date Contribution Received: 2/25/2013

Amount of Contribution: \$ 3,839 .00

Date Contribution Received: 4/15/2013

Amount of Contribution: \$ 3,839 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 7

Single Source Entity's Name: MVP HEALTH PLAN

or
Single Source Person's Last Name:

First Name:

Address: 625 STATE ST

City: SCHENECTADY

State: NY

ZIP code: 12305

Phone: 518-388-2665

Date Contribution Received: 2/20/2013

Amount of Contribution: \$ 25,029 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 8

Single Source Entity's Name: UNITED HEALTHCARE

or
Single Source Person's Last Name:

First Name:

Address: 90 STATE ST, Suite 700

City: ALBANY

State: NY

ZIP code: 12207

Phone: 518-591-4637

Date Contribution Received: 3/5/2013

Amount of Contribution: \$ 38,444 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #9

Single Source Entity's Name: AFFINITY HEALTH PLAN

or
Single Source Person's Last Name:

First Name:

Address: 2500 HALEY ST

City: BROOKLYN

State: NY

ZIP code: 10461

Phone: 718-794-7691

Date Contribution Received: 3/27/2013

Amount of Contribution: \$ 3,897.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #10

Single Source Entity's Name: AMERICARE COMMUNITY CARE

or
Single Source Person's Last Name:

First Name:

Address: 360 WEST 31ST ST, 5TH FLOOR

City: NEW YORK

State: NY

ZIP code: 10001

Phone: 212-372-6902

Date Contribution Received: 3/18/2013

Amount of Contribution: \$ 8,661.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #11

Single Source Entity's Name: FIDELIS CARE NEW YORK

or
Single Source Person's Last Name:

First Name:

Address: 95-25 QUEENS BLVD

City: REGO PARK

State: NY

ZIP code: 11374

Phone: 718-896-1047

Date Contribution Received: 2/19/2013

Amount of Contribution: \$ 12,539.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #12

Single Source Entity's Name: HUDSON HEALTH PLAN

or

Single Source Person's Last Name:

First Name:

Address: 303 SOUTH BROADWAY, SUITE 321

City: TARRYTOWN

State: NY

ZIP code: 10591

Phone: 914-372-2211

Date Contribution Received: 4 / 30 / 2013

Amount of Contribution: \$ 5,464 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #13

Single Source Entity's Name: METRO PLUS HEALTH PLAN

or

Single Source Person's Last Name:

First Name:

Address: 160 WATER ST 12TH FL

City: NEW YORK

State: NY

ZIP code: 10038

Phone: 212-908-8590

Date Contribution Received: 2 / 22 / 2013

Amount of Contribution: \$ 9,351 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #14

Single Source Entity's Name: TOTAL CARE

or

Single Source Person's Last Name:

First Name:

Address: 819 SO. SILINA ST

City: SYRACUSE

State: NY

ZIP code: 13202

Phone: 315-476-7921

Date Contribution Received: 4 / 9 / 2013

Amount of Contribution: \$ 4,534 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #15

Single Source Entity's Name: WELLCARE OF NY

or
Single Source Person's Last Name:

First Name:

Address: 110 5TH AVE 3RD FL

City: NEW YORK

State: NY

ZIP code: 10011

Phone:

Date Contribution Received:	<u>3/1</u>	<u>2013</u>	Amount of Contribution: \$	<u>9,670</u> .00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #16

Single Source Entity's Name: SENIOR HEALTH PARTNERS

or
Single Source Person's Last Name:

First Name:

Address: PO BOX 5172

City: NEW YORK

State: NY

ZIP code: 10007

Phone: 212-324-2612

Date Contribution Received:	<u>3/18</u>	<u>2013</u>	Amount of Contribution: \$	<u>2,491</u> .00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #17

Single Source Entity's Name: SENIOR WHOLE HEALTH

or
Single Source Person's Last Name:

First Name:

Address: 200 SO. PEARL ST

City: ALBANY

State: NY

ZIP code: 12202

Phone:

Date Contribution Received:	<u>2/13</u>	<u>2013</u>	Amount of Contribution: \$	<u>2,491</u> .00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 18

Single Source Entity's Name: VNS CHOICE

or

Single Source Person's Last Name:

First Name:

Address: 1250 BROADWAY, 11TH FL

City: NEW YORK

State: NY

ZIP code: 10001

Phone: 212-609-5631

Date Contribution Received: 2/19 / 2013 Amount of Contribution: \$ 2,691 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 19

Single Source Entity's Name: BEACON HEALTH STRATEGIES

or

Single Source Person's Last Name:

First Name:

Address: 500 UNICORN PARK DR SUITE 401

City: WOBURN,

State: MA

ZIP code: 01801

Phone: 781-994-7500

Date Contribution Received: 4/18 / 2013 Amount of Contribution: \$ 897 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 20

Single Source Entity's Name: MAGNA-CARE

or

Single Source Person's Last Name:

First Name:

Address: ONE PENN PLAZA, SUITE 4630

City: NEW YORK

State: NY

ZIP code: 10119

Phone: 212-867-3604

Date Contribution Received: 3/5 / 2013 Amount of Contribution: \$ 897 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #21

Single Source Entity's Name: ELI LILLY & CO

or
Single Source Person's Last Name:

First Name:

Address: 17 MALLARD COVE

City: CENTERPORT

State: NY

ZIP code: 11721

Phone: 631-896-0590

Date Contribution Received: 12/20/12

Amount of Contribution: \$ 897.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #22

Single Source Entity's Name: MAGELLAN HEALTH

or
Single Source Person's Last Name:

First Name:

Address: 55 NOD RD

City: SIMSBURY

State: CT

ZIP code: 06001

Phone: 860-507-1934

Date Contribution Received: 3/1/2013

Amount of Contribution: \$ 897.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #23

Single Source Entity's Name: VALUE OPTIONS

or
Single Source Person's Last Name:

First Name:

Address: 240 CORPORATE BLVD

City: NORFOLK

State: VA

ZIP code: 23502

Phone: 757-459-7598

Date Contribution Received: 4/19/2013

Amount of Contribution: \$ 897.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

V Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

VI Subjects lobbied:

Health care, health Insurance

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

NYS Assembly, NYS Senate, Executive Chamber, Division of Budget, NYS Department of health, NYS Division of Financial Services, NY Health Benefits Exchange

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☒ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: July 15, 2013

PRINT NAME: LAST Macielak

FIRST Paul

TITLE: President and CEO

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.